

DEFENDANT'S
EXHIBIT32 2/27/07
Young

Honeywell Technology Solutions, Incorporated

REPORT OF INCIDENT/ACCIDENT/EXPOSURE
(THIS FORM COMPLIES WITH OSHA REPORTING REQUIREMENTS)

HQ OFFICE USE ONLY					
W/C	OSHA	DAYS LOST	DAYS RESTR.	V2K	DBASE
					COPY - MED/VP

A. GENERAL INFORMATION - TO BE COMPLETED BY EMPLOYEE. PLEASE TYPE OR PRINT.

1. NAME: (LAST, FIRST, MI) Young, Jr., Curley BADGE NO. 93787
2. HOME ORGANIZATION NUMBER: 1.1.32.09.01.0761.04
3. ADDRESS: (STREET, CITY, STATE, ZIP) Enterprise, AL 36330
4. SSN: 4413 TELEPHONE: (HOME) 2863 WORK (334) 598-8858
5. JOB TITLE: Maintenance Trade Helper (GIC 23580Z) HOW LONG AT CURRENT JOB TITLE: 4.5 years
6. EMPLOYMENT DATE: 12/01/97 BIRTH DATE: 11/15/59 AGE: 43 MALE ☒ FEMALE ☐
7. NUMBER OF HOURS WORKED PER DAY: 8.0 USUAL SHIFT TIMES: 0600 TO 1430
8. CONTRACT NAME: AGRC, Ft. Rucker, AL
9. CONTRACT ADDRESS: Hwy 27, AGRC Bldg 24309, PO Box 620050 CITY: Ozark STATE: AL
10. I UNDERSTAND THAT IF THIS INCIDENT/ACCIDENT/EXPOSURE IS HANDLED THROUGH WORKERS' COMPENSATION, ATSC WILL FOLLOW ALL APPLICABLE STATE/FEDERAL LAWS YES ☒ NO ☐ EMPLOYEE'S INITIALS _____
IF "NO" REQUEST EXPLANATION FROM LOCATION REPRESENTATIVE: HAS AN EXPLANATION BEEN GIVEN AND DO YOU NOW UNDERSTAND? YES ☒ NO ☐ EMPLOYEE'S INITIALS _____

B. INCIDENT/NEAR MISS. INCIDENTS ARE THOSE INJURIES THAT REQUIRE FIRST-AID TREATMENT ONLY, AND WILL NOT GENERATE A MEDICAL BILL. A NEAR MISS IS AN INDICATION THAT AN UNSAFE CONDITION OR UNSAFE ACT EXISTS. FOR THIS REPORT, A NEAR MISS INCLUDES ANY CONDITIONS THAT MIGHT HAVE CAUSED AN ACCIDENT OR INJURY, BUT FOR SOME REASON DID NOT.

1. DATE OF INCIDENT/NEAR MISS: 10/24/02 TIME OF INCIDENT/NEAR MISS: 13:00 pm
2. GIVE A COMPLETE DESCRIPTION OF THE INCIDENT/NEAR MISS: (ATTACH A SEPARATE SHEET IF NEEDED)
I was instructed to go to the Gulf Mover to check the electrical status of the mover. After finding the status I began to give my report to my Crew Chief over the two way radio, while backing up my truck. I failed to notice the small trailer with the generator attached to my truck. The trailer jack knifed into the right rear of the quarter panel causing a large dent and breaking the tail light out on truck 99-03. I then stopped the truck, pulled it up about 6 or 7 feet to straighten the truck up. I then got out to check the actual damage. After the assessment I contacted my Crew Chief to inform him of the accident.

C. ACCIDENT/EXPOSURE. INJURY/ILLNESSES THAT REQUIRE MORE THAN FIRST-AID TREATMENT AND/OR WILL GENERATE A MEDICAL BILL FOR THE TREATMENT.

1. DATE OF ACCIDENT/EXPOSURE: 24 June 2002 TIME OF ACCIDENT/EXPOSURE: 1300 hours
2. ADDRESS WHERE ACCIDENT/EXPOSURE OCCURRED: AGRC, GUM Target location
CITY: Ft. Rucker STATE: AL IS THIS A TEMPORARY WORK LOCATION? NO
3. WAS THIS ACCIDENT/EXPOSURE WORK-RELATED? YES ☒ NO ☐

ATSC 116 (3/97)

4. ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN THE EVENT OCCURRED.
(e.g. Acetylene cutting torch, metal plate)

1. Driving Company Truck (99-03).

5. SPECIFY ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE EVENT OCCURRED.
(e.g. Cutting metal plate for flooring) INDICATE IF ACTIVITY WAS PART OF NORMAL JOB DUTIES.

Communicating with Crew chief on two way radio of the electrical status at G01M target location within the AGRC, Ft. Rucker, AL.

6. HOW INJURY OR ILLNESS OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED OR MADE THE EMPLOYEE ILL.

(e.g. Worker stepped back to inspect work and slipped on some scrap metal. As she fell, worker brushed against the hot metal)

7. NAMES & WORK PHONE NUMBERS OF ANY WITNESS(S). ATTACH WRITTEN STATEMENT(S) ON A SEPARATE SHEET.

D. MEDICAL

1. NATURE AND EXTENT OF INJURY: _____
2. BASIC CAUSE: _____
3. PRE-EXISTING CONDITION OR PRIOR INJURY TO THE SAME PART OF THE BODY: _____
4. FIRST FULL DAY OF ABSENCE: _____ PROBABLE LENGTH OF ABSENCE: _____
5. DATE AND HOUR RETURNED TO WORK: _____ ARE THERE ANY RESTRICTIONS? _____
6. LENGTH OF TIME OF RESTRICTIONS: _____
7. DESCRIBE THE RESTRICTIONS. SEE ATTACHED PHYSICAL CAPACITIES FORM: _____
8. NAME AND ADDRESS OF TREATING MEDICAL FACILITY/PHYSICIAN: _____
9. DIAGNOSIS AND MEDICAL TREATMENT GIVEN: _____
10. WAS FOLLOW-UP TREATMENT REQUESTED/REQUIRED? _____
11. DID YOU REFUSE MEDICAL TREATMENT? YES _____ NO _____

I, _____, AUTHORIZE ALLIEDSIGNAL TECHNICAL SERVICES CORPORATION, IT'S EMPLOYEES, AGENTS AND REPRESENTATIVES, TO RECEIVE AND/OR RELEASE ANY AND ALL MEDICAL INFORMATION REGARDING MY CONDITION OF HEALTH. I FULLY UNDERSTAND THAT THIS INFORMATION MAY INCLUDE DOCUMENTS SUCH AS: MEDICAL HISTORY AND FINDINGS, CONSULTATION, PRESCRIPTIONS, TREATMENT, X-RAY, SPECIAL CONSULTATION REPORTS, DIAGNOSIS, AND PROGNOSIS.

EMPLOYEE'S SIGNATURE _____ DATE: _____
E. SUPERVISION - TO BE COMPLETED BY RESPONSIBLE AREA SUPERVISOR (IF NEAR MISS) OR EMPLOYEE'S SUPERVISOR (IF INCIDENT/ACCIDENT/EXPOSURE). SEPARATE SHEET IF NEEDED.

1. DATE AND TIME REPORTED TO SUPERVISOR: _____
2. IN DETAIL, DESCRIBE THE UNSAFE ACT(S) OR UNSAFE CONDITION(S): _____

3. RESULTS FROM INVESTIGATION: _____

4. ROOT CAUSES: _____
5. CONTRIBUTING FACTORS: _____
6. DESCRIBE THE IMMEDIATE CORRECTIVE ACTION(S) TAKEN, BY WHOM, ESTIMATED DATE: _____

7. DATE CORRECTIVE ACTIONS AND FOLLOW-UP ACTIONS COMPLETED _____

SUPERVISOR (PRINT)

SUPERVISOR (SIGNATURE)

HS&E (INITIAL)

P. M. (INITIAL)

DATE

F. FOR OFFICE USE ONLY TO BE COMPLETED BY SITE HS&E PERSONNEL. INFORMATION TO BE INCLUDED IN THE "800" REPORTING REQUIREMENTS TO OUR INSURANCE CARRIER. CHOOSE ONE FROM EACH CATEGORY. (Vision 2000 reporting)

Is this Incident/Accident/Exposure OSHA Recordable? Yes _____ No _____

PART OF BODY:

RESULT OF INJURY:

CAUSE OF ACCIDENT:

100 ABDOMEN _____	100 ABRASION _____	100 ABSORPTION _____
110 ANKLE _____	110 ALLERGIC REACTION _____	110 CAUGHT IN/BETWEEN/UNDER _____
120 ARM _____	120 AMPUTATION _____	120 COLLAPSING OBJECT _____
130 BACK _____	130 ASPHYXIATION _____	130 CONTACT WITH ELECTRICITY _____
140 CHEST _____	140 AVULSION _____	140 DROWNING _____
150 CIRCULATORY SYSTEM _____	150 CARDIAC CONDITION _____	150 EXPOSURE TO CHEMICAL _____
160 DIGESTIVE SYSTEM _____	160 CHEMICAL BURN _____	160 EXPOSURE TO COLD OBJECT _____
170 ELBOW _____	170 CONCUSSION _____	170 EXPOSURE TO COLD TEMP. _____
180 EYES _____	180 CONTUSION _____	180 EXPOSURE TO GASES _____
190 FOOT _____	190 ELECTRIC SHOCK _____	190 EXPOSURE TO HOT OBJECT _____
200 GROIN _____	200 EYE (FOREIGN BODY) _____	200 EXPOSURE TO HOT TEMP. _____
210 HAND _____	210 EYE (IRRITATION) _____	210 EXPOSURE TO LOW OXYGEN _____
215 FINGERS _____	220 FRACTURE _____	220 EXPOSURE TO NOISE _____
220 HEAD _____	230 HEARING LOSS _____	230 EXPOSURE TO RADIATION _____
225 EARS _____	240 HEAT/COLD STRESS _____	240 EXPOSURE TO SUN _____
230 HIP _____	250 HERNIA _____	250 FALL (FROM ELEVATION) _____
235 NOSE _____	260 INFLAMMATION _____	260 FALL (OTHER) _____
240 KNEE _____	270 INTERNAL INJURY _____	270 FALL (SLIP) _____
250 LEG _____	280 LACERATION _____	280 FALL (TRIP) _____
260 MOUTH _____	290 MENTAL/EMOTIONAL STRESS _____	290 INGESTION _____
265 TEETH _____	300 MULTIPLE _____	300 INHALATION _____
270 MULTIPLE PARTS _____	310 MUSCLE SPASM _____	310 LIFTING _____
280 NECK _____	320 POISONING _____	320 NEAR MISS _____
290 NERVOUS SYSTEM _____	330 PULMONARY EDEMA _____	330 NOT WORK RELATED _____
300 REPRODUCTIVE SYSTEM _____	340 PUNCTURE _____	340 PINCHING _____
310 RESPIRATORY SYSTEM _____	350 SCRATCH _____	350 PULLING _____
320 SHOULDERS _____	360 SKIN IRRITATION _____	360 PUSHING _____
330 SPINE _____	370 SPRAIN _____	370 REPETITIVE MOTION _____
340 THROAT _____	380 STRAIN _____	380 SLIP (INDOORS) _____
350 WRIST _____	390 SYSTEMIC SHOCK _____	390 SLIP (OUTDOORS) _____
360 INTERNAL ORGANS _____	400 THERMAL BURN _____	400 SPLASH _____
999 OTHER _____	410 THROAT IRRITATION _____	410 STRUCK AGAINST _____
	999 OTHER _____	420 STRUCK BY _____
		430 TRIP _____
		440 VEHICLE ACCIDENT _____
		999 OTHER _____